

County: Outagamie  
 ANNA JOHN NURSING HOME  
 P.O. BOX 365

Facility ID: 6660

Page 1

ONEIDA 54155 Phone:(920) 869-2797  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 48  
 Total Licensed Bed Capacity (12/31/02): 48  
 Number of Residents on 12/31/02: 29

Ownership: Tribal Government  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? No  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 33

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		20.7
Supp. Home Care-Personal Care	No					More Than 4 Years		51.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.9			27.6
Day Services	No	Mental Illness (Org./Psy)	13.8	65 - 74	13.8			-----
Respite Care	No	Mental Illness (Other)	3.4	75 - 84	24.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	10.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	3.4		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	17.2	65 & Over	93.1	-----		
Transportation	No	Cerebrovascular	3.4		-----	RNs		7.6
Referral Service	No	Diabetes	6.9	Sex	%	LPNs		5.9
Other Services	No	Respiratory	3.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	37.9	Male	10.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	89.7	40.3		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
		Per Diem		Per Diem		Per Diem		Per Diem		Per Diem		Per Diem		Per Diem		Per Diem		Total Resi- dents	% Of All	
Level of Care	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	25	92.6	139	0	0.0	0	2	100.0	139	0	0.0	0	0	0.0	0	27	93.1
Intermediate	---	---	---	1	3.7	115	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	3.4
Limited Care	---	---	---	1	3.7	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	3.4
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		27	100.0		0	0.0		2	100.0		0	0.0		0	0.0		29	100.0

*****										
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
		-----								
Percent Admissions from:		Activities of		% Needing		% Totally		Total		
		Daily Living (ADL)		Assistance of		Dependent		Number of		
Private Home/No Home Health		8.1	Independent	One Or Two Staff				Residents		
Private Home/With Home Health		13.5	Bathing	79.3		17.2		29		
Other Nursing Homes		8.1	Dressing	51.7		17.2		29		
Acute Care Hospitals		70.3	Transferring	17.2		17.2		29		
Psych. Hosp.-MR/DD Facilities		0.0	Toilet Use	20.7		17.2		29		
Rehabilitation Hospitals		0.0	Eating	6.9		10.3		29		
Other Locations		0.0	*****							
Total Number of Admissions		37	Continence	% Special Treatments						
Percent Discharges To:			Indwelling Or External Catheter	0.0		Receiving Respiratory Care		3.4		
Private Home/No Home Health		16.7	Occ/Freq. Incontinent of Bladder	48.3		Receiving Tracheostomy Care		0.0		
Private Home/With Home Health		21.4	Occ/Freq. Incontinent of Bowel	10.3		Receiving Suctioning		0.0		
Other Nursing Homes		2.4				Receiving Ostomy Care		3.4		
Acute Care Hospitals		38.1	Mobility			Receiving Tube Feeding		0.0		
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained	3.4		Receiving Mechanically Altered Diets		24.1		
Rehabilitation Hospitals		0.0								
Other Locations		0.0	Skin Care			Other Resident Characteristics				
Deaths		21.4	With Pressure Sores	0.0		Have Advance Directives		100.0		
Total Number of Discharges			With Rashes	6.9		Medications				
(Including Deaths)		42				Receiving Psychoactive Drugs		51.7		
*****										
Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities										
*****										
		Ownership:		Bed Size:		Licensure:				
		Government		Under 50		Skilled				
		Peer Group		Peer Group		Peer Group				
		% Ratio		% Ratio		% Ratio				
								All Facilities		
								% Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds		68.8	83.8	0.82	84.3	0.82	85.3	0.81	85.1	0.81
Current Residents from In-County		24.1	84.4	0.29	74.1	0.33	81.5	0.30	76.6	0.31
Admissions from In-County, Still Residing		2.7	35.0	0.08	26.0	0.10	20.4	0.13	20.3	0.13
Admissions/Average Daily Census		112.1	74.2	1.51	97.7	1.15	146.1	0.77	133.4	0.84
Discharges/Average Daily Census		127.3	75.8	1.68	97.5	1.31	147.5	0.86	135.3	0.94
Discharges To Private Residence/Average Daily Census		48.5	24.2	2.00	33.1	1.47	63.3	0.77	56.6	0.86
Residents Receiving Skilled Care		93.1	86.6	1.08	94.6	0.98	92.4	1.01	86.3	1.08
Residents Aged 65 and Older		93.1	83.9	1.11	98.3	0.95	92.0	1.01	87.7	1.06
Title 19 (Medicaid) Funded Residents		93.1	76.6	1.22	57.5	1.62	63.6	1.46	67.5	1.38
Private Pay Funded Residents		6.9	17.1	0.40	36.6	0.19	24.0	0.29	21.0	0.33
Developmentally Disabled Residents		0.0	3.2	0.00	0.8	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents		17.2	56.1	0.31	34.4	0.50	36.2	0.48	33.3	0.52
General Medical Service Residents		37.9	14.6	2.61	17.7	2.14	22.5	1.69	20.5	1.85
Impaired ADL (Mean)		34.5	49.6	0.69	49.4	0.70	49.3	0.70	49.3	0.70
Psychological Problems		51.7	61.4	0.84	50.4	1.03	54.7	0.95	54.0	0.96
Nursing Care Required (Mean)		4.7	6.4	0.74	7.2	0.66	6.7	0.70	7.2	0.66